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*[Signature]*

PTO/SB/17 (11-04)  
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<b>FEE TRANSMITTAL</b> <b>for FY 2005</b> <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>	
		Application Number	10/069,794
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	June 24, 2002
		First Named Inventor	Sigrid HERTELT
		Examiner Name	Marie C. Ubiles
TOTAL AMOUNT OF PAYMENT		Art Unit	2642
(\$)		Attorney Docket No.	449122024800
1,020.00			

<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)																																																																																					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments To the above-identified deposit account. <input type="checkbox"/> Other (please identify):		<b>2. EXTRA CLAIM FEES</b> <table border="1"><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20</td><td>18</td><td>9</td></tr><tr><td>Each independent claim over 3</td><td>88</td><td>44</td></tr><tr><td>Multiple dependent claims</td><td>300</td><td>150</td></tr><tr><td>For Reissues, each claim over 20 and more than in the original patent</td><td>18</td><td>9</td></tr><tr><td>For Reissues, each independent claim more than in the original patent</td><td>88</td><td>44</td></tr><tr><td colspan="3"><b>Total Claims</b>    <b>Extra Claims</b>    <b>Fee (\$)</b>    <b>Fee Paid (\$)</b></td></tr><tr><td colspan="3">10    - 20 or HP = 0    x    = 0.00</td></tr><tr><td colspan="3">HP= highest number of total claims paid for, if greater than 20</td></tr><tr><td colspan="3"><b>Indep. Claims</b>    <b>Extra Claims</b>    <b>Fee (\$)</b>    <b>Fee Paid (\$)</b></td></tr><tr><td colspan="3">3    - 3 or HP = 0    x    = 0.00</td></tr><tr><td colspan="3">HP= highest number of independent claims paid for, if greater than 3</td></tr><tr><td colspan="3"><b>Multiple Dependent Claims</b>    <b>Fee (\$)</b>    <b>Fee Paid (\$)</b></td></tr><tr><td colspan="3"><b>Subtotal (2)</b> \$ 0.00</td></tr></tbody></table>		Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than in the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44	<b>Total Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>			10    - 20 or HP = 0    x    = 0.00			HP= highest number of total claims paid for, if greater than 20			<b>Indep. Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>			3    - 3 or HP = 0    x    = 0.00			HP= highest number of independent claims paid for, if greater than 3			<b>Multiple Dependent Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>			<b>Subtotal (2)</b> \$ 0.00																																												
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<b>SUBMITTED BY</b>			
Signature	<i>[Signature]</i>	Registration No. (Attorney/Agent)	43,148
Name (Print/Type)	Kevin R. Spivak	Telephone	(703) 760-7762
		Date	December 20, 2004

